

Mary Jo Smiley CMTPT CMMT, LMT
Myofascial Trigger Point Therapy & Medical Massage Therapy
ADVANCED BODYWORK & MASSAGE
30 WARRENDALE BAYNE RD WARRENDALE PA 15086
608 Pike Dr Cranberry Twp PA 16066 (mailing address)
724-494-1468 cell 724-452-4321 return fax
LMT # MSG001805

PHYSICIAN'S PRESCRIPTION / REFERRAL / STATEMENT OF MEDICAL NECESSITY

PATIENT'S NAME _____ PT DOB _____

DOCTOR: _____ SCRIPT DATE: _____

PHONE: _____ FAX: _____ ACCIDENT DATE _____

The following TREATMENT IS MEDICALLY NECESSARY. Please treat the patient for diagnoses indicated below, using the modalities/procedures check marked below that are within the scope of practice of Myofascial Trigger Point Therapy

MANUAL MYOFASCIAL RELEASE THERAPY (97140) MAY INCLUDE: Myofascial trigger point therapy, Medial massage, Myofascial release, Range Of Motion movements/stretchers, Instruction for self care stretching and self treatment and/or Massage. All of these may be performed unless specifically indicated in the contraindications note below. MYOFASCIAL TRIGGER POINT THERAPY AND MEDICAL MASSAGE WILL BE PERFORMED BY MARY JO SMILEY, NATIONALLY CERTIFIED MYOFASCIAL TRIGGER POINT THERAPIST, NATIONALLY CERTIFIED MEDICAL MASSAGE THERAPIST, CERTIFIED MASTER MEDICAL MASSAGE THERAPIST OR QUALIFIED ASSOCIATE IN HER ABSENCE.

MODALITIES / PROCEDURES

97140 X MYOFASCIAL RELEASE TECHNIQUES (MYOFASCIAL TRIGGER POINT THERAPY, MEDICAL MASSAGE)

97110 THERAPEUTIC EXERCISE (R.O.M.)

97001 or 97002 PHYSICAL EXAM AND/OR RE-EXAM , ROM , INDICATIONS/CONTRAINDICATIONS

97124 MASSAGE THERAPY (SWEDISH)

729.1 MUSCLE PAIN / MYOFASCIAL PAIN

729.5 LIMB PAIN (LEG, ARM, FOOT, HAND, ARCH, UPPER OR/AND LOWER EXTREMITIES)

723.4 UPPER EXTREMITIES: BRACHIAL NEURITIS / RADICULITIS

724.3 SCIATICA / SCIATIC PAIN

724.4 LUMBOSACRAL / THORACIC NEURITIS OR RADICULITIS (Lower Extremities)

784.0 HEADACHE

723.3 CERVICOBRACHIAL PAIN

846.0 LUMBOSACRAL SPRAIN / STRAIN

OTHER OR UNLISTED DX CODES

847.0 CERVICAL, SPRAIN / STRAIN

847.1 THORACIC SPRAIN / STRAIN

847.2 LUMBAR SPRAIN / STRAIN

847.3 SACRAL SPRAIN / STRAIN

524.6 T.M.J. area MUSCULAR PAIN

OF TIMES PER WEEK _____ FOR # OF WEEKS _____ UP TO # OF VISITS _____

SPECIAL REQUEST, NOTES OR CONTRAINDICATIONS: _____

THERE ARE NO KNOWN CONTRAINDICATIONS TO MYOFASCIAL TRIGGER POINT THERAPY OR MEDICAL MASSAGE, STRETCHING OR THE APPLICATION OF APPROPRIATE PRESSURE DURING THE TREATMENT UNLESS INDICATED ABOVE.

PHYSICIAN'S SIGNATURE _____

UPIN # _____ or MEDICAL LICENSE# _____